



# APPLICATION FOR REGISTRATION OF PROFESSIONAL EMPLOYER ORGANIZATION

Full name of applicant:

FEIN#:

Principle business location (street, city, state, ZIP code):

Address of each Indiana office (street, city, state, ZIP code):

Contact person:

Title

Telephone number  
( )

Email Address:

Website Address:

Is the applicant sponsoring a health plan? Yes No

If yes, is the plan fully insured? Yes No

If the plan is fully insured, provide:

- i. Name of insurance company\_\_\_\_\_
- ii. Name of producer\_\_\_\_\_
- iii. Term and effective date of coverage\_\_\_\_\_

Has there been any adverse regulatory action taken by any state or federal regulatory law enforcement or regulatory agency against the PEO?  
Yes No If yes, please provide an explanation and any documentation pertaining to the action.

The following attachments must accompany this application:

1. Copies of the applicant's articles of incorporation or other business organization documents.
2.
  - a. Fully insured applicants must provide evidence of minimum net worth of \$50,000 or a statutory deposit of \$50,000
  - b. Self insured applicants must provide evidence of minimum net worth of \$50,000 and a fidelity bond in the greater of :
    - i. 10% of premiums and contributions received by the health benefit plan; or
    - ii. 10% of the claims paid.
3. Copy of applicant's most recent financial statement prepared on a GAAP basis:
  - a. reviewed by an independent CPA for a fully insured plan,
  - b. audited by an independent CPA for a plan that is not fully insured, or
  - c. projected financial status for the first year for a start up entity, certified by an officer.
4. If applicant is offering a health plan that is not fully insured, provide documentation of :
  - a. stop loss insurance with an insurer authorized to do business in Indiana,
  - b. with an aggregate retention of not more than 125% of the amount of expected claims for the following year.
5. Documentation that contributions are set to fund 100% of the aggregate retention plus all other costs of the applicant.
6. Confirmation that the applicant will comply with the workers compensation laws of Indiana.
7.
  - a. Fully insured applicants must provide resumes of any individual who serves as president, chief executive officer, or otherwise has the authority to act as senior executive officer of the applicant.
  - b. Self insured applicants must provide NAIC Biographical Affidavits for president, chief executive officer, or otherwise has the authority to act as senior executive officer of the applicant.
8. List by jurisdiction of each name under which the applicant has operated in the preceding five years, including alternate names, names of predecessors and if known, successor business name.
9. Registration fee of five hundred dollars (\$500).

List each person that individually or acting in concert with one or more other persons, owns or controls, directly or indirectly, 25% or more of the equity interests of the applicant. (If additional space is needed attached a separate sheet)

Name	Title	Percentage of Ownership

***I certify that the above statements are true.***

Signature	Date	Printed Name	Title
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